U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	AUG 1 2 2005
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1. File Number U - 5656

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Throu	gh: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael E Williquette	Name Teamsters Local Union	No. 75		
	Labor Organization File Number 0/3	688		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if	any '		
Street 2097 Kingfisher Lane	Street 1546 Main Street			
City Green Bay	City Green Bay	City Green Bay		
State Wisconsin ZIP Code + 4 54313	State Wisconsin	ZIP Code + 4 54302		
5. Position in labor organization. Business Representative				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose employees your organiz	or derived income or other economic benefit	nrecent		
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	ation represents or is actively seeking to re 7.a. Nature of Interest, Transaction, or Incon	present.		
monetary value from an employer whose employees your organiz	ation represents or is actively seeking to re	present.		
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Mame and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompandersigned's knowledge and belief, true, correct, and complete. (See the	7.a. Nature of Interest, Transaction, or Incon 7.b. Amount. gnature of Perjury and other applicable penalties of the lanying documents), has been examined by the signature of	present. ne.		
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	7.a. Nature of Interest, Transaction, or Incom 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the lanying documents), has been examined by the signed section on penalties in the instructions.)	present. ne.		

Name of Person Filing Michael Williquette	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Golfing at Lake Arrowhead, Nekoosa, Wisconsin on July 28, 2004			
Name Ron Strzelecki, Labor Relations Consultant				
Trade Name, if any: Blue Cross - Blue Shield				
P.O. Box, Bldg., Room No., if any				
Street 20855 Watertown Road, Ste 140				
City Waukesha				
State Wisconsin ZIP Code + 4 53186				
13 h le the Business on Employer or Consultant V 2	14.b. Amount of payment.			

Teamsters Local Union No. 75 has a Jumbo CD at the Pioneer Credit Union, 2004 Holgren Way, Green Bay, WI 54306; I (Michael E. Williquette, Business Representative) have a Savings Account, Checking Account and a Loan at the Pioneer Credit Union.

Teamsters Local Union No. 75 has a Life Insurance Policy that is for all members at American Income Life, P O Box 1191, Appleton, WI 54912; I (Michael E. Williquette, Business Representative) have a Savings Account and a Life Insurance Policy with American Income Life.

Signature

Date

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date